

# GUARDIANSHIP

# 2

## Get a Permanent Appointment for an Adult

Part 2: Service and Notice  
of the Court Hearing  
(Forms Packet)



## SELF-SERVICE CENTER

### GUARDIANSHIP

#### GET A PERMANENT APPOINTMENT FOR AN ADULT

##### Part 2: Service and Notice of Court Hearing (Forms Only)

This packet contains forms for service and notice of court hearing for a permanent appointment for guardianship for an adult. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGA2ft	Table of instructions in this packet	1
2	PBGA2k	Checklist: Service and Notice – <b><i>“Appointment of Guardian”</i></b>	1
3	PBGC18f	<b><i>“Notice of Hearing”</i></b>	1
4	PBGC19f	<b><i>“Waiver of Notice of Hearing on Petition Regarding”</i></b>	1
5	PB21f	<b><i>“Acceptance of Service”</i></b>	1
6	PB24f	<b><i>“Affidavit Showing Circumstances Why Notice by Publication Was Used And About the Publication”</i></b>	2
7	PB25f	<b><i>“Affidavit of Publication”</i></b>	1
8	PBGC29f	<b><i>“Proof of Notice of Hearing”</i></b>	2

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**SELF SERVICE CENTER**  
**SERVICE AND NOTICE**  
**APPOINTMENT OF GUARDIAN**

**CHECKLIST**

**Use the forms and instructions in this packet only if the following factors apply to your situation:**

- ✓ You want to have the court appoint a guardian for an adult.
- ✓ You filed or will file the court papers to ask for the appointment.
- ✓ You need to give notice of the court case to interested parties or other persons entitled to notice.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) or  
☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

☐ an Adult ☐ a Minor

Case Number: PB \_\_\_\_\_

### NOTICE OF HEARING REGARDING

(Check one box)

- ☐ Guardianship  
☐ Conservatorship  
☐ Guardianship and Conservatorship  
☐ Accounting

**READ THIS NOTICE CAREFULLY.** An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
2. **COURT HEARING.** A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:
 

**DATE AND TIME:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**JUDICIAL OFFICER:** \_\_\_\_\_
3. **RESPONSE TO PETITION.** You can file a written Response to the Petition. If you file a written Response, file the original with the court, provide a copy to the office of the judicial officer named above, and mail a copy to all interested parties at least five (5) business days before the hearing. Or, you can appear in person at the hearing. You must appear at the hearing **only** if you wish to object to the Petition.

DATED: \_\_\_\_\_  
 (Month/Day/Year)

\_\_\_\_\_  
 Petitioner's Signature

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) OR  
☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

\_\_\_\_\_ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA     )  
 County of Maricopa    ) ss.

Case Number: PB \_\_\_\_\_

### WAIVER OF NOTICE OF HEARING ON PETITION REGARDING

(Check one box)

- ☐ Guardianship and Conservatorship  
☐ Guardianship  
☐ Conservatorship  
☐ Accounting

### I state under oath the following:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)
 

<input type="checkbox"/> <i>"Petition for Permanent Appointment of Guardianship, Conservator or Both"</i> <input type="checkbox"/> <i>"Petition for Guardianship/Conservatorship"</i> <input type="checkbox"/> <i>"Consent of Parent to Guardianship, Conservatorship, or Both"</i>	<input type="checkbox"/> <i>"Affidavit of Person to be Appointed"</i> <input type="checkbox"/> <i>"Petition for Approval of Accounting"</i>
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2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): \_\_\_\_\_
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
 Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
 (Month/Day/Year)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Deputy Clerk/Notary Public

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, ZIP Code: \_\_\_\_\_  
 Your Telephone No: \_\_\_\_\_  
 State Bar No. (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) or  
☐ Attorney for ☐ Petitioner or ☐ Respondent

## IN THE SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY

Regarding the matter of \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
(name)

### ACCEPTANCE OF SERVICE

#### THE PERSON WHO SIGNED BELOW MAKES THESE STATEMENTS UNDER OATH:

1. I acknowledge that I have voluntarily accepted a copy of the following legal papers: (List)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I waive formal service of process (personal service), and understand by accepting these papers, it is the same as if I were personally served under Arizona Law;

2. I am aware that my accepting service of these court papers and signing this document does not in any way reduce my rights or obligation to file a written objection or come to court to object.
3. I am not in the military forces of the United States of America in any capacity or I waive the protection of the Soldiers and Sailors Relief Act.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me this day of , \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 MARICOPA COUNTY**

Regarding the Matter of \_\_\_\_\_

(Name)

Case Number: PB \_\_\_\_\_

**AFFIDAVIT SHOWING CIRCUMSTANCES  
 WHY NOTICE BY PUBLICATION WAS USED  
 AND ABOUT THE PUBLICATION**

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.
  
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_

Case No. \_\_\_\_\_

2. I made a diligent search to find out the residence and whereabouts of the people entitled to notice, but the search has failed to reveal any information concerning their residence or whereabouts.
3. I contacted the persons listed below to find out the location of the following people entitled to notice:

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

4. ☐ NOTICE OF HEARING or ☐ NOTICE TO CREDITORS was published in a newspaper in this County on the following dates.

A. \_\_\_\_ / \_\_\_\_ / \_\_\_\_,

B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_,

C. \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

5. I have read this statement and know of my own knowledge that the facts stated herein are true and correct.

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_, by \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Notary Public/Deputy Clerk

My Commission expires:



Name of Person Filing Document: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

Regarding the Matter of

Case Number: PB \_\_\_\_\_

**AFFIDAVIT OF PUBLICATION**

\_\_\_\_\_  
(NAME)

1. Attached to this page is the original Affidavit of Publication from the Newspaper.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Document

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

\_\_\_\_\_ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA )  
 County of Maricopa ) ss.

Case Number: PB \_\_\_\_\_  
**PROOF OF NOTICE OF HEARING FOR**  
 (Check one box)  
☐ Guardianship and Conservatorship  
☐ Guardianship  
☐ Conservatorship  
☐ Accounting

### I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the **"NOTICE OF HEARING."**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a **"Petition to Appoint a Guardian and/or Conservator for an Adult."** (Use extra paper if necessary.)

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid

Case No. \_\_\_\_\_

- ☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
B. Relationship to person: \_\_\_\_\_  
C. Date I gave the documents: \_\_\_\_\_  
D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
B. Relationship to person: \_\_\_\_\_  
C. Date I gave the documents: \_\_\_\_\_  
D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (Attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires:

Notary Public: \_\_\_\_\_